

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>07/12/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>AMBULATORY SURGERY CENTER OF BALA CYNWYD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>100 PRESIDENTIAL BOULEVARD, 4TH FLOOR BALA CYNWYD, PA 19004</b>			
STATE LICENSE NUMBER: <b>50701501</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT	S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:			(X6) DATE:		

Pennsylvania Department of Health

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NAME OF PROVIDER OR SUPPLIER: <b>AMBULATORY SURGERY CENTER OF BALA CYNWYD</b>  STATE LICENSE NUMBER: <b>50701501</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>100 PRESIDENTIAL BOULEVARD, 4TH FLOOR BALA CYNWYD, PA 19004</b>		
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S 0000	Continued from page 1  This report is the result of an offsite occupancy survey conducted on July 10 to July 13, 2023, at Ambulatory Surgery Center of Bala Cynwyd, which included Total Shoulder Arthroplasty surgical services. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999 and the current edition of the Guidelines for Design and Construction of Outpatient Facilities.	S 0000			



# Certified End Page

**AMBULATORY SURGERY CENTER OF BALA CYNWYD**

**STATE LICENSE NUMBER: 50701501**

**SURVEY EXIT DATE: 07/12/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY